CONTRACT #3 RFS # 318.66-022

Department of Finance & Administration/Bureau of TennCare

VENDOR:

Premier Behavioral Health Systems of Tennessee, LLC



STATE OF TENNESSEE BUREAU OF TENNCARE 310 Great Circle Road NASHVILLE, TENNESSEE 37243

August 4, 2005

Mr. Jim White, Director Fiscal Review Committee 8th Floor, Rachel Jackson Bldg. Nashville, TN 37243

Attention: Leni Chick

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee the following Behavioral Health Organization amendments. These amendments will establish payment rates for the remainder of Fiscal Year '06. These rates are based on data received from the actuarial with whom TennCare has contracted to establish BHO and MCO capitation rates. All three of these behavioral health amendments reflect reduction of the maximum liability for the fiscal year.

Tennessee Behavioral Health, Inc.

FA-01-14551-12

Middle & West Tennessee

FA-05-16089-03

Tennessee Behavioral Health, Inc.

LW-02-10002-02

East Tennessee Grand Region

FA-01-14662-13

Premier Behavioral Health System

Of Tennessee, LLC

We would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,

J. D. Hickey Deputy Commissioner

Cc: Keith Gaither Alma Chilton

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED	•		
		•	
Commissioner of Finance & A	Administration		
Date:			

A REQUEST CAN NOT B	is below indicates specific info SE CONSIDERED IF INFORMATI CH OF THE REQUIREMENTS IF	ION PROVIDEI	ust be individually detailed or addr DIS INCOMPLETE, NON-RESPONS AS REQUIRED.	ressed <u>as required</u> . IVE, OR DOES NOT
RFS# 318.66-0	22			
STATE AGENCY NAME:	Department of Finance and Bureau of TennCare	Administration	1	
SERVICE CAPTION:	Behavioral Health Organizat TennCare/Medicaid Populat		g Medically Necessary Behaviora	I Services to the
CONTRACT#	FA-01-14662-00		PROPOSED AMENDMENT #	13
CONTRACTOR:	Premier Behavioral Health S	Systems of Te	nnessee, LLC	
CONTRACT START DATE		01/01/2001		
CURRENT, LATEST POSS (including ALL options to ext		06/30/2006		
CURRENT MAXIMUM LIAB	SILITY:	\$1,412,149,	710.00	
LATEST POSSIBLE END D (including ALL options to ext	ATE <u>WITH</u> PROPOSED AMI tend)	ENDMENT:	06/30/2006	
TOTAL MAXIMUM COST V (including ALL options to ex	<u>VITH</u> PROPOSED AMENDME tend)	ENT:	\$1,402,499,234.00	
APPROVAL CRITERIA : (select one)	use of Non-Competit	ive Negotiati	on is in the best interest of the	state
	only one uniquely qu	ualified servi	ce provider able to provide the	service
ADDITIONAL REQUIRED F	REQUEST DETAILS BELOW	(address ea	ch item immediately following the	requirement text)
	posed additional service an	<u> 154 1515.53</u>		
This amendment established	es payments rates provided l	by actuarial co	ontractor that will continue throug	h FY '06.
(2) explanation of need fo	or the proposed amendment			

This amendment is needed in order to establish par services for TennCare enrollees. This amendment	yment mechanisms for pe results in a reduction of fu	period FY '06 in order to continue behavioral health funding for FY '06.
(3) name and address of the proposed contractor (not required if proposed contractor is a state e	or's principal owner(s) : ducation institution)	
Dr. Russ Petrella, Chief Operating Officer Magellan Behavioral Health 199 Pomeroy Road, 3rd Floor Parsippany, New Jersey 07054		
(4) documentation of OIR endorsement of the N (required only if the subject service involves inf	on-Competitive procure ormation technology)	ement request :
select one: Documentation Not A	pplicable to this Request	Documentation Attached to this Request
(5) documentation of Department of Personnel (required only if the subject service involves tra	endorsement of the Non lining for state employees	on-Competitive procurement request : is)
select one: Documentation Not A	pplicable to this Request	t Documentation Attached to this Request
(6) description of procuring agency efforts to id non-competitive negotiation :	lentify reasonable, comp	npetitive, procurement alternatives rather than to use
This contract for Behavioral Health Services for the ensure that services to recipients will continue with throughout FY '06.	State has been in effect out interruption and that p	et since 2001. This amendment to the exisiting contract will payment rates are established for period to continue
(7) justification of why the F&A Commissioner	should approve a Non-C	Competitive Amendment :
The approval of this amendment by F&A will ensure providers that Premier Behavioral Health Systems prevent any disruption of services to enrollees.	e the best interests of Te currently has, TennCare i	ennCare enrollees will be served. Based on the network of is confident that the modifications of this agreement will
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)		
-uocumented exigent chodinatances)	SIGNATURE DATE:	

-\$9,650,476.00

-\$9,650,476.00

\$286,664,044.00

\$286,664,044.00

\$1,412,149,710.00

FY

FY

2005

2006

Totals:

AMENDMENT NUMBER 13 To Contract Number FA-01-14662-00

PROVIDER RISK CONTRACT

BETWEEN

THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

AND

PREMIER BEHAVIORAL SYSTEMS OF TENNESSEE, LLC.

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Premier Behavioral Systems, LLC hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language. The changes in this amendment shall become effective, unless stated otherwise in this document, on August 1, 2005.

1. Section 4.7.1 shall be amended by adding the following language

For the period of July 1, 2005 through June 30, 2006, the maximum liability of the State for the TennCare Partners Program in the Middle and West Tennessee grand regions shall be Two hundred Seventy-Seven Million, Thirteen Thousand Five Hundred Sixty-Eight Dollars (\$277,013,568.00).

2. Section 4.7.2.1 shall be amended by deleting in its entirety and replacing with the following:

For the period August 1, 2005 through June 30, 2006, the monthly capitation payment to be paid to the contractor shall be based on the following rates:

Table 2: Rates

PAYMENT RATE CATEGORY	PER MEMBER/ PER MONTH RATE
Priority Population age 0-12	\$200.74
Priority Population age 13-17	\$352.67
Priority Population age 18 and above	\$305.38
Non-Priority Population age 0-12	\$3.62
Non-Priority Population age 13-17	\$18.43
Non-Priority Population age 18 and above	\$9.36

These rates include the nine- percent (9%) administrative fees and the two- percent (2%) premium taxes.

All of the provisions of the original CONTRACT not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by there duly authorized representatives set their signature.

·			
Russell C. Petrella, Ph.D. Vice President		DATE	
Premier Holdings, Inc. Managing Men	nber		
TENNESSEE DEPARTMENT OF MENTA HEALTH AND DEVELOPMENTAL DISA			
Virginia Trotter Betts, MSN, JD, RN, F Commissioner	-AAN	DATE	
TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION:			
M.D. Goetz, Jr.		DATE	
Commissioner			
APPROVED:			•
TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION:			
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M.D. Goetz, Jr. Commissioner		DATE	
COMPTROLLER OF TREASURY:			
COMPTROLLER OF TREASURE.			
John G. Morgan		DATE	
Comptroller of Treasury			

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200	2	\$74,061,006.00	\$129,837,429.00						\$203,898,435.00
200	3	\$92,800,300.00	\$162,689,500.00						\$255,489,800.00
200	4	\$101,603,601.00	\$184,181,086.00						\$285,784,687.00
200	5	\$101,163,744.00	\$185,500,300.00						\$286,664,044.00
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FY	2003	\$255,489,800	.00						
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	Contract				Contracto	ordentification?	lumberate and a little of the little
Premi	ier Behavioral Health Syst	ems of Tennessee, LLC	-	C-		621641638	3-00
		er men in the second	zice Desc	ription (**)	Yolan Markin		
Behavioral He	ealth Organization Service	es/Medically Necessary Be	ehavioral :	Services to ti	he TennCare	Medicaid Popula	tion
	Z Contract Beg	in Date			MANA PARTICI	ontractsEnd Date	
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es. Allotmer	it Code 🔐 🍴 Cost Cen	ter w Object Code	Made	inol ()	Grants	Grant Co	de Subgrant Code)
318.	66 131	134		1	on STA	RS	
FY	State Fundsville	Federal Funds	19 00年1900年1900年1900年1900年1900年1900年1900	epainmenta Funds	Oil	er Funding -	Moral Contract Amount Include ALL amendments
2001	\$34,017,900.00	\$59,630,800.00	•				\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00					\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00					\$255,489,800.00
2004	\$76,202,700.00	\$138,135,815.00	· ·	,			\$214,338,515.00
							\$0.00
							\$0.00
Total.	\$277,081,906.00	\$490,293,544.00	- Ferrance		0.00	\$0.00	\$767,375,450.00
eeda Numb	er. W. State Fiscal C	Some of the second seco		南部的政治的保护和	THE WAY PARTY BEING THE PARTY OF THE PARTY O	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	answeriis XES; n (1) (per OMB;A=183) X
Name:	Dean Daniel			自由大型的公司在1907年中的中国公司的	A London Court Books to Audit from Entrancian So.	STATEMENT OF THE PROPERTY OF T	2(per/OME/A=133)
Address	729 Church Street Nashvi	lle, TN			stite (fista))	Verritining Si	SHOWING THE PROPERTY OF THE PR
Phone:	615-532-1362		A				actor on SILARS
	kocuring/Agency, Budge	HOfficer Signature			AMENIA DE MESION DI ALGORI	intractor's FORM irs Form W-9 File	
		()		يار <u>ي</u> د	张明成的张斯斯 斯斯第	iolino (Certhileada	Mark Company of the C
'We	andan	10/9/			A., Section 9-	3-113, I, M. D. Goetz	there is a balance in the
	ompletie for all an	Telegraphics and the second state of the second second in the second sec	ap	propriation fro	m which this c	bligation is required	to be paid that is not
	e aBase Confract & Amendment		ONLY OU	nerwise encum	ibered to pay	obligations previous	y induited.
i a nd e	ate 12/31/2003	3/31/2004					1 July 1
EY 200	01 \$93,648,7	700.00			•		
EV. 200	02 \$203,898,4	135.00		•		#11 #21.7791 	
EY 20	03 \$255,489,8	300.00					
EV 20	04 \$142,892,	343.00 \$71,446,	172.00			RYCES	11: 23
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E Y	WASHING EXCODE			* .			
T	otals: \$695,929,	278.00 \$71,446,	172.00	•	•		•

Number e Agency Premier Behavi		CONTRACTS 66.022 ce and Administration	125/1/25				FA-01-	-14662-06		gli
Agency:	Department of Finan									,,
	A Contractor	ce and Administration	Divisi							7-1
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Premier Behavi	ioral Health Systems (•		V-	FOURE	ល់និលនារ៉ា				H-1-HST H-1-ML
		of Tennessee, LLC	×	<u> </u>			621641638	00	÷	
and the second second		A Service	វាជនខេត្តព	C-						
oral Health Orga	anization Services/Me	dically Necessary Behav	/ioral Set	vices to th	ne TennCa	re/Medic	aid Populat	ion		
	Contract Begin Da	te us a second				Contrac	End Date		il Va	
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NAME OF TAXABLE PARTY.	\$34,017,900.00	\$59,630,800.00	and the second second					\$9	3,648	,700.00
	\$74,061,006.00	\$129,837,429.00						\$20	3,898	,435,00
	\$92,800,300.00	\$162,689,500.00						\$2	5,489	,800.00
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	urch Street, Nashville	s, TIV					一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种	mader on S	ALTERNATION AND ADDRESS.	- AVERGE
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is i⊒nti iDate?	12/31/2003	00								
2001	\$93,648,700									
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Y 2003	\$255,489,800	217.4	43.00							
2004	\$127,744,900	ψιο, ι-τι, -								
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Number:	318,66-022				Divisio		_	Bureau	af Tenni	Cere		-
te Agency:	1		ce and Administrat	ion ———	Diviora			ntractor ide	ntiticat	ion Numbe	<u>, , , , , , , , , , , , , , , , , , , </u>	1
		tractor			X V	/- \ e	2164	163B 00		·		-
Dahay	ioral Health Sys	iema of	Tennessee, LLC		_	<u>- L</u>						-
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		n Sarvi	ces/Medically Nect	ssary B	havioral :	Sarvio	96 10 4	Contr	act En	d Date		-
ahavioral He	alth Organization	ot Bagi	n Date							_		
	Contra	OL DAM	<u> </u>	_ق_		/2003	۱ 	irant	Gra	nt Cade	Subgrant Cod	
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2001	\$34,017,90		\$129,837,429.				<u> </u>				\$255,489,80	00,0
2002	\$74,061,00		\$182,689,500.					<u> </u>		 	\$127,744,90	
2003	\$92,800,3		\$82,328,400	_ ,						 		
2004	\$45,416,5	00.00	\$82,326,400	-		,					\$680,781,8	5.00
									. ** *			_
Total:	\$246,295,	706.00	\$434,486,129	1,00				Che	ck the	box ONLY	If the answer is	×
CFDA#	93,778						ins Co	entractor a	SUBRE	CIPIENT?	(per OMB A-133)	-
CPDAR		abe Fisc	al Contact				Herita C	HINTINGTON E	AENDO	ALS (Der Co		-
	Dean Danie							Land Voor F	unding	STRICTL	Y LIMITED?	
Name:	729 Church Nashville,	isubet Tn				ls 	the F 	(8CB) 10m /				
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Pro	curing Agency	Budge	Officer Approva	1/	$\overline{}$	10	the i	Contractor's	FORM	TANDA WILL	with Accounts?	1
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<u> </u>	COMPLETE	FOR A	LL AMENDMENT	(only)	ndment	Pur	uant t	T.C.A., Sed	don 9-6- tion, do i	113, 1, C. We nereby certify	rran Neel, Commis that there is a bals required to be paid	nce in that k
 		District	Contract & T	ONI ONI	<u> </u>	Fina	abbio! Nos a:	riation from V	vhich this red to pe	ià opličarjous s opličarjou i	that there is a bala required to be paid previously incurred	L .
\	ND DATE *	08/30/2				-¶'nat	Otherv	MSS Grichings				
<u> </u>			33,648,700.00			4			•			
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		CO	NTRA	CT	SU	M M A	RY	S H	EE	<u>T</u>				
RFS Numl	ımber: 318.66-022					Contract	FA-01-14662-04							
State Age	e Agency: Department of Finance and Admini				ion	Division:	Bureau of TennCare							
Contractor						Contractor Identification Number								
Premier Be	ehaviora	al Health Syste	ms of Tenness	see, LLC	•	X V- 621641638 00								
		<u> </u>			Service D	escription	<u> </u>							
Behaviora	l Health	Organization	Services/Medic	ally Neces	sary Beha	avioral Serv	ices to the	TennCa	are/Med	dicaid Popul	ation			
·		Contract	Begin Date					Cont	tract E	nd Date		-		
01/01/200	1		•	•	٠.	06/30/200		•						
Allotment	Code	Cost Cen	er Objec	t Code	Fu	ind	Gran	t	Gra	ant Code	Subgrant C	ode		
318.66		131	134		11		on ST	ARS	<u> </u>	, <u>.</u>	ļ			
FY	St	ate Funds	Federal F	unds		partmental unds	Othe	r Fundi	ing		ontract Amous ALL amendme			
2001	\$	34,017,900.00	\$59,630	0,800.00		<i>,</i>					\$93,648,700.0			
2002	\$	74,061,006.00	\$129,83	\$129,837,429.00						\$203,898,43		35.00		
2003	\$	92,800,300.00	\$162,689	\$162,689,500.00		· .				\$255,489,80		00:00		
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						· .					 	٠		
Total:	\$200,879,206.00 \$352,157,729.00					\$553,03								
CFDA#	93.77	3			,	Check the box ONLY if the answer is YES:								
·		<u> </u>	cal Contact	<u> </u>	· 	Is the Contractor a SUBRECIPIENT? (per OMB A-133)								
Name:	729 (Daniel Church Stree	,	<u> </u>		is the Contractor a VENDOR? (per OMB A-133)								
Address: Phone:	Nasł	ville, TN 532-1362				Is the Fiscal Year Funding STRICTLY LIMITED?								
Proc			t Officer Appro	oval Signa	ature	Is the Contractor on STARS?								
	(()		7)	Is the Contractor's FORM W-9 ATTACHED?								
Dean Dai	niel	pla	~ WG	end		Is the Contractors Form W-9 Filed with Accounts?								
	COMP	ETE FOR AL	L AMENDMEN	iTS (only)		Funding Certification								
Base Contract & This Amendment						Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in								
END DATE → 06/30/20		nendments ONLY		<u></u>	the appropriation from which this obligation is required to be paid that inot otherwise encumbered to pay obligations previously incurred.									
FY: 2001 \$93,648,700.00						÷								
FY: 2002 \$203,898,435.00							٠		•					
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RFS Number: 318.66-022						Contract Number: FA-01-14662-03									_	
State Age	itate Agency: Department of Finance and Administration						Division: Bureau of TennCare									
		Contract	or			Contractor Identification Number										
Premier Behavioral Health Systems of Tennessee, LLC								X V- 621641638 00								
Service De										·						
Behavioral Health Organization Services/Medically Necessary Behav								avioral Services to the TennCare/Medicaid Population								
		Contract Beg	in Date							Cont	ract En	d Date	<u> </u>			
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Allotment	Code	Cost Center	Obje	ct Code	Fu	nd			Frant	-	Ģra	nt Code	Subgra	ant Co	de	
318.66		131	134		11			or	STA	RS						
FY	State	Funds	Federal	deral Funds In		epartmenta unds		C	Other Fund		ng		Contract Amount g ALL amendmen		its)	
2001	\$34	,017,900.00	\$59,63	30,800.00				<u>QC</u>	H	上上	<u> </u>		\$93,648,700			
2002	\$74	,061,006.00	\$129,83	37,429,00) DELI	<u>- A</u>	STI		IM	/	2003		\$203,898,435.			
2003	\$92	,800,300.00	\$162,68	39,500.00	The second of the Second	•				<u>~</u>		\$255,489,80			.00	
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				TA	arri		NT	3 7					<u></u>			
Total:	+0.50 4.57 7.00 00							\$553,036,935.00								
CFDA#	93.778				· · · · · · · · · · · · · · · · · · ·	[- (Check	the bo	x ONLY if	the answ	er is Y	ES:	
	<u> </u>	State Fiscal (Contact			Is the Contractor a SUBRECIPIENT? (per OMB A-133) X								<u> </u>		
 Name:	Dean D			,		Is the Contractor a VENDOR? (per OMB A-133)										
Address: Phone:	Nashvi	urch Street ille, TN 32-1362		_	·	is the Fiscal Year Funding STRICTLY LIMITED?										
Proc		ency Budget Of	ficer App	roval Sign	ature	Is the Contractor on STARS?										
						Is the Contractor's FORM W-9 ATTACHED?										
Dean Da	nieľ 💚	m Dai	77-			Is the Contractors Form W-9 Filed with Accounts?										
1	COMPLE	TE FOR ALL A	MENDME	NTS (only)		Funding Certification										
7		1	Base Contract & This Amo			- I Figure and Administration do hereny Certily Uidl Uitl								IEIE 12 a Dalai ice III		
END DATE →			The America			the appropriation from which this obligation is required to be paid that not otherwise encumbered to pay obligations previously incurred.										
FY: 2001		- 	\$93,648,700.00													
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FY: 2003	3	\$203,800	\$203,800,935.00 \$51,688			Milion water										
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Contract Number FA-01-14662-02							State Agency Department of Finance and Administration							
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J. J. Janes	h jaki in	Contr	actor	1.44			هي. در	Ven	dor ID	Number	when the later			
Premier	Behavioral ,	Health Syste	ms of Ten	nessee, LLC		X V— 621641638 00								
San San San			history a Right In	SHIP SHIP	Service D	escription	100.065 10		5 - 266		Kiy'ansalu	In Said Wald		
Behavior	al Health O	rganization S	ervices/Ma	edically nece	ssary Beha	avioral Sen	vices to	o the TennCa	are/Med	dicaid Popula	tion			
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		Contract B	egin Date	在期中部20		(10 mg		Con	tract E	nd Date 🔠	性胸唇			
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Allotme		Cost Cente	ı Ol	ject Code	# FL	ınd		Grant	Gr	ant Code	Sub	grant Code		
318	.66	139		134	1	11		on STARS						
FY	State	Funds	Federa	I Funds	Interde	partmenta		Other Fund	na			Amount		
2001	\$34.0	017,900.00	\$59	630,800.00		unds 🧦			粉柳醇	(including /				
2002		061,006.00		837,429.00	<u> </u>				•	' 	\$93,648,700.00 \$203,898,435.00			
2003	\$74,0	25,594.00	\$129,	775,341.00								,800,935.00		
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	Contracto	r is on STAF	S					State	Fiscal	Contact j				
	Current Fo	orm W-9 On	File With	Accounts		Name	D	ean Daniel	interciacide de la consultante	erund fraudhlinni saetu eant Talent				
	OR Form W-9					Address		9 Church St	reet. Na	ashville TN				
						Phone		15)532-1362						
	Service Pr	ovider Regi	stered wit	h F&A		Proc	uring	Agency Buc	lget O	ficer Approv	/al Sig	nature		
x		r is a SUBRE d by OMB Ci		33)		(i) e	an	12	en Daniel	10	10/1	5/01		
· · · · · · · · · · · · · · · · · · ·	OMRLETE	FOR ALL /	MENDM	ENTS (only				Eundi	o Cer	tification				
		Base Con Prior Amer	tract &	This Ame	ndment i	Pursuant t	o T.C.A	., Section 9-6	-113, I ,	C:Warren Ne	el, Com	missioner of		
Contract	End Date	06/30/03	idinents	06/30/03	Y	the approp	riation	fròm which th	is obliga	certify that that that it require	d to be	naid that is		
FY	2001	\$93,64	8,700.00			notomerw	ise enc	иничетва то ра	y obliga	tions previous	ıy ıncuri	red.		
	2002			7,500.00						•				
FY 2	2003	\$203,800,935.00						•		•				
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Contract Number	ا	466201	— <u>, , , , , , , , , , , , , , , , , , ,</u>	State Tennessee Department of Finance and Administration Agiancy Department of Mental Health and Developmental Disabilities							
RPS:Number	318.86-022		,	Division 318 66							
To the second se	Contract	ore the large state		Vendori Di Number							
Premier Behaviora	I Health Systems o	of Tennessee, LL.C	<u>, </u>	∑ V _ 621641838-00							
	Stranger in the	That executives:	Service	Description	ngentrie	*****	,	igaga ca			
Behavioral Health (Organization Servi	cas/Madically nace	ssery Beh	aviorai Serv	ices to	the TennOa	ire/Me	dicaid Popula	tion		
1,33,55	Cöntiact Begt	n Date	turn (2)	1 12 22 2		: Cơn	tract E	nd Date			
มัยกบยาy 1, 2001	-			June 30,		•					
Allotment Code	Cost Center	Object Code	; F	und: *		3rant ·	· · · · · · · · · · · · · · · · · · ·	ant Code	Subgrant Code		
\$18.66	139	134		11	П	n STARS	 				
		Federal Funds		partmental unds	 -	Other Funding		Total Co	ntract Amount LL amendments)		
	\$34,017,900	\$59,630,800				**************			\$93,648,700		
	74.025,594	\$129,775,341							\$203,800,936		
2003	\$74,025,594	\$129,775,341		· · · · · · · · · · · · · · · · · · ·	-				\$203,800,835		
				:							
Total \$1	82,069,088	\$319,181,482	1						\$501,250,670		
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·		cty Limes.		CFDA Nu	mbor	93,778	. ,				
	or is on STARS			State Fiscal Contact							
Current #	orm W-9 On File	With Accounts		Name Dean Deniel							
	Attached		ji Januar Ja	Phone 729 Church Street, Nashville TN 37247-6601							
<u> </u>		the state of the	10.4 ·	(815) 532362							
	rovider Registere			Procuring Agency Budget Officer Approval Signature							
Contracto	or is a SUBRECIP of by OMB Circui	ENT		-/	18	1_111					
				And	-0	all 45					
COMPLETE		NDMENTS (only		Funding Certification							
: .	Base Contract			Pursuant to T.C.A. Section 9-8-113 C. Warren Neel Commissioner of							
				Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred							
ontract End Date.	December 31,2	001 June 30, 20	<u> </u>	Dinerwise er	лситре	red to pay ob	ligation	s previously inc	urred		
FY 2001	\$93,648		\$0								
FY 2002		\$93,648,700 \$110.		C. Wilner TE 2 308							
FY 2008)	800,935	•			- 61				
FY						DCI	₹ Uèe	Only			
Total	\$187.297,						-				
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faxia 7-31-61

	CONTRACT SUMMARY SHEET											
Contract	t Number	FA-01-	14662-00	State Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities								
FS Nur	nber	318.66			Division 318.66							
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Premier l	Behaviora	111111111111111111111111111111111111111	ns of Tennessee, L.L.C.									
					scription		的影響或	PPS 1896		CO WEST		
Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population												
A Santage to		Contract B	egin Dater 4, 4 4,54	建筑		Con	tract E	nd Date		interface in		
January	1, 2001	•			December	31, 2001						
Allotmei		Cost Cente	r 👍 🖟 Object Code 🚬	Fur Eur	nd% 254	作品。Grant - 製造す	Gr	ant:Gode 🐃	Subgra	int Code		
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FY	Sta	le Funds	Federal Funds		artmental nds	Other Fund	ing	(Total Co		CASH YEAR THE CONTROL		
2001	19 1 19 1 19 1 19 1 1 1 1 1 1 1 1 1 1 1	\$34,017,900	\$59,630,800	CONTRACTOR OF THE PARTY OF THE	and the state of t	And the second s				3,648,700		
2002		\$34,017,900	\$59,630,800					·	\$93	3,648,700		
<u> </u>				·		<u> </u>						
-		·		<u> </u>								
*Total		\$68,035,800	\$119,261,600		\$187,297,400							
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· <u> </u>	B	tor is on STA	2000年,2000年,2000年 - 1727年中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	的的原始等 表达的数据			ika aliberiah		1276			
	Current OR	Form W-9 On	File With Accounts:		Name Dean Daniel Address 729 Church Street, Nashville TN 37247-6501							
	Form V	/-9 Attached □			Phone 729 Church Street, Nashville TN 37247-3301 (615) 532-1362							
	Service	Provider Reg	stered with F&A		Procuring Agency Budget Officer Approval Signature							
\boxtimes	Contra	tor is a SUBR	ECIPIENT		Ket Alas							
	{as.det	ned by OMB C	IFCUIATE A-1391		Jev	electron tendence (Carlotte (Alberta))	A SECTION OF THE SECT	also area de la companya de la comp	A STANDON NO.	Daniel Von Airlin		
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		Base Co	ntract & This Ame		Finance an	o T.C.A., Section 9- d Administration, d	o hereby	certify that the	e is a bal	ance in the		
					appropriation otherwise e	on from which this encumbered to pay	obligatio obligatio	on is required to ons previously in	o be paid curred.	that is not		
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